2024-2025 Household Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List A (if mo	ALL Household Members who are infants ore spaces are required for additional nar	, childre nes, atta	en, an ach ar	d stud nother	ents up sheet c	to and of paper	includi)	ing grad	le 12												
Definition of Household	Child's First Name			МІ	Child's	Last N	ame									Grade	S Ye	itudent? s No		oster M	omeless, ligrant, lunaway
Member: "Anyone who is living with you and shares																			Γ		
income and expenses, even if not related."																			apply		
Children in Foster care and children who meet the																			Check all that apply		
definition of Homeless, Migrant or Runaway are eligible for free meals. Read																			Check		
How to Apply for Free and Reduced Price School Meals for more information.																					
	ousehold Members (including you) curre	antly na	rticipa	ute in o	ne or m	nore of t	the foll	owing a	eeiet	ance prog	rame: S		ΤΛΝΕ						L		
	ousenoid members (including you) curre	antry par	псіра					owing a	551516	ance prog		Г									
	If NO > Go to STEP 3. If Y	ES > V	Nrite a	case n	umber h	nere then	go to S	TEP 4 <u>(</u> [Do <u>not</u>	complete	<u>STEP 3</u>)		Case	Number	:		Write o	nly one cas	se numh	er in this	space
STEP 3 Report Inc	come for ALL Household Members (Skip th	nis step il	fyoua	inswer	ed 'Yes	' to STE	P 2)														opuoo.
			·				,								F	low often?					
	A. Child Income Sometimes children in the household earn or	receive in	ncome.	Please	include 1	the TOTA	AL incom	ne receive	ed by a	all		Child ir	icome	W	eekly Bi-W	eekly 2x Mont	h Monthly				
	Household Members listed in STEP 1 here.										\$				0 () $($	0				
Are you unsure what	B. All Adult Household Members (inc List all Household Members not listed in STER	² 1 (inclue	ding yo	ourself)																	
income to include here? Flip the page and review	for each source in whole dollars (no cents) on	ly. If they	/ do not	receive	e income	from any How of		, write '0'.	-	I enter '0' OI	· leave ar	-	blank ow ofte	-	certifying		ıg) that th Retirement∕	nere is no		to repoi often?	rt.
the charts titled "Sources of Income" for more	Name of Adult Household Members (First and Last)		ings from	Work	Weekly	Bi-Weekly 2	2x Month M	onthly		d Support/Alim	ony Wee	kly Bi-We	ekly 2x	Month Month	-	All Other In		Weekly	Bi-Weekly	2x Month	Monthly
information. The "Sources of Income		\$				0	0	0	\$) (\$			0	0	0
for Children" chart will help you with the Child		\$				0	0	0	\$) (5 0		\$		0	0	0	0
Income section. The "Sources of Income		\$				0	0	0	\$) (\$		0	0	0	0
for Adults" chart will help you with the All Adult		\$			0	0	0	0	\$) (>		\$		0	0	0	0
Household Members section.		\$			0	0	0	0	\$		C)) (0 0		\$		0	0	0	0
	Total Household Members (Children and Adults)					urity Num Adult Ho			>	x x	XX				Che	ck if no S	SN				
				_	_				-					1 1	1						
	nformation and adult signature. Submit																				
	ion on this application is true and that all income is repor					n is given i	n connect	ion with the	e receip	ot of ⊢ederal f	unds, and	that scho	ool offic	als may ve	rity (checł	() the inform	nation. I an	aware tha	it if I purp	osely give	3
	lose meal benefits, and I may be prosecuted under appl	ICADIE Stati	te and Fe	caciana																	
	lose meal benefits, and I may be prosecuted under appl		te and Fe																		
	lose meal benefits, and I may be prosecuted under appl Apt #		City					State		Zip			Daytir	ne Phone	and Em	ail (optiona	al)				

Sources of Ind	come for Children	Sources of Income for Adults					
Sources of Child Income	Example(s)	Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income			
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages	- Salary, wages, cash bonuses	Unemployment benefits Worker's compensation	- Social Security (including railroad			
 Social Security Disability Payments Survivor's Benefits 	 A child is blind or disabled and receives Social Security benefits A Parent is disabled, retired, or deceased, and their child receives Social Security benefits 	 Net income from self- employment (farm or business) If you are in the U.S. Military: 	Supplemental Security Income (SSI) Cash assistance from State or local government	retirement and black lung benefits) • Private pensions or disability benefits • Regular income from			
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money	- Basic pay and cash bonuses (do NOT include combat pay,	 Alimony payments Child support payments Veteran's benefits 	trusts or estates - Annuities - Investment income - Earned interest			
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust	FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Strike benefits	 Rental income Regular cash payments from outside household 			

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one):	Hispanic or Latino Not Hispa				
Race (check one or more	e): 📋 American Indian or Alaskan Nati	ve 🗌 Asian	Black or African American	Native Hawaiian or Other Pacific Islande	r 🔲 White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410

fax: (202) 690-7442; or

email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Do not fill out For School Use Only

Annual Income Conversion: Weekly x	· ·	26, Twice a Month x 24 Monthly x 12	Eligibility:	
Total Income	How often?	Household Size	Free Reduced Denied	
	0000	Categorical Eligibility	$\bigcirc \bigcirc \bigcirc$	
Determining Official's Signature	Date	Confirming Official's Signature Date	Verifying Official's Signature	Date